

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2						
3						
4	1					
5						
6						
7	6					
8	6					
9	6					
10	6					
11						
12						
13						
14						
15						
16	14					
17	5					
18	5					
19	5					
20	5					
21	8					
22	0					
23	1					
24	1					
25	1					
26						
27	4					
28	4					
29	4					
30	4					
31	1					
32	1					
33	1					
34	1					
35	1					
36	1					
37						
38	1					
39	1					
40	8					
41	8					
42	8					
43	8					
44	8					
45	8					
46						
47	1					
48	1					
49	1					
50	1					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	IND		DEP		IND		DEP		IND		DEP	
	IND	DEP										
51	1											
52	1											
53	1											
54												
55		4										
56		1										
57		1										
58												
59												
60												
61		1										
62												
63		2										
64		2										
65		2										
66		2										
67		2										
68		1										
69		1										
70		1										
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95												
96												
97												
98												
99												
100												
TOTAL IND.		16										
TOTAL DEP.		180										
TOTAL CLAIMS		196										